

PATENT
Appl. No. 09/824,254
Attorney Docket No. 450100-03122

#6/a
2/27/04
Mel

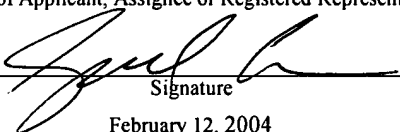
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : IIMA, Shin *et al.*
Appl. No. : 09/824,254
Filed : April 2, 2001
Title : Transmission Apparatus and Method, Reception Apparatus and Method,
Management Apparatus and Method, Charging Apparatus and Method,
Providing Apparatus and Method, and Recording Medium
Art Unit : 3621
Examiner : ELISCA, Pierre E.

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: MS: Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Samuel S. Lee, Reg. No. 42,791
(Name of Applicant, Assignee or Registered Representative)


Signature
February 12, 2004
Date of Signature

RECEIVED
FEB 23 2004
GROUP 3600

AMENDMENT

Mail Stop: Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of December 3, 2003, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2.

Remarks/Arguments begin on page 16.



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Providing Apparatus And Method, And Recording Medium

Art Unit : 3621

Examiner : ELISCA, Pierre E.

MAIL STOP NON-FEE AMENDMENT
COMMISSIONER FOR PATENTS
ALEXANDRIA, VA 22313-1450

RECEIVED

FEB 23 2004

GROUP 3600

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
- ☐ The fee has been calculated as shown below.
- ☐ This is an application of a small entity under 37 CFR 1.9(f).

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number of claims previously paid for*	(5)	(6) Extra claims	(7)	(8) Rate	(9)	(10) Additional fee
Total Claims	36	-	37	=	0	x	\$18	=	\$0.00
Independent Claims	24	-	24	=	0	x	\$86	=	\$0.00
Total Fee for additional claims									\$0.00

* If the highest number of total claims previously paid for is less than 20, write "20" in this space. If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

** If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

- ☐ A fee of \$ 0.00 is due to cover:
- ☐ additional claims,
- ☐ multiple dependent claim(s),
- ☐ an extension of time. This response is being filed within __ month(s) following the expiration of the term originally set therefor. This is a petition to request a two-month extension of time.
- This fee is to be paid by:
- ☐ an enclosed check in the amount of \$ 0.00.
- ☐ charging \$.00 to Deposit Account No. 50-0320.
- ☐ This application contains a multiple dependent claim. The required fee of \$290 ☐ has been previously paid, or ☐ is paid herewith.
- ☒ Please charge any additional fees incurred by this response or credit any overpayment to Deposit Account No. 50-0320.

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Samuel S. Lee, Reg. No. 42,791

(Name of Applicant, Assignee or Registered Representative)

Signature

February 12, 2004

Date of Signature

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